



## Verification of Indiana Accredited Private School Teaching Service

State Form 49047 (R/12-01)  
Approved by the State Board of Accounts 2000

Indiana State Teachers' Retirement Fund  
150 West Market Street, Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Home Page: <http://www.in.gov/trf>

### PRIVACY NOTICE

Your Social Security number is requested by this state agency in order to meet requirements of the IRS Code 3405. Disclosure is mandatory, this form will not be processed without it.

### INSTRUCTIONS:

Teacher: Please complete Part 1, then forward to Employing Indiana Accredited Private School Unit.

Employer: Please complete Part 2, then forward the form to the Indiana State Teachers' Retirement Fund.

### PART 1: TO BE COMPLETED BY THE TEACHER

Name of Teacher ( <i>First, Middle, Last</i> )	Social Security Number
Full Address ( <i>Street, City, State, ZIP Code</i> )	TRF Number
	Area Code and Telephone Number
I hereby certify that the service for which I am applying is service in an Indiana Accredited Private School. This service does not qualify for retirement credit in any public retirement system.	
Signature	Date

### PART 2: TO BE COMPLETED BY THE ACCREDITED PRIVATE SCHOOL EMPLOYING UNIT

The above teacher is seeking to verify teaching service from your Indiana accredited private school for the purpose of establishing retirement credit in this fund. Your cooperation will be appreciated.		
Name of Indiana Accredited Private School	School Full Address ( <i>Street, City, State, ZIP Code</i> )	
SCHOOL YEAR TAUGHT JULY 1 THROUGH JUNE 30	NUMBER OF DAYS TAUGHT	
I hereby certify that this employing unit is an Indiana Accredited Private School. I certify that the above individual performed the indicated service as an educational administrator or classroom teacher.		
Signature of Employing Official		Date Signed ( <i>Month, Day, Year</i> )
Printed Name of Employing Official	Title	Area Code and Telephone Number